

# **EXHIBIT**

**2**

## Invoice

Bill To:

Name: Certain Care LLC  
Address: 24700 Center Ridge Rd. #250  
City/State/Zip Code: Westlake, OH 44145  
Tel/Fax: 440-250-8653

Date: 12-15-15

Name: Melissa  
Henney

*DUE UPON RECEIPT*

Total 131 x 13 = \$ 1703

Signature: Melisse Henney

Thank You for Your Business

1624

# Invoice

Bill To:

Name: Certain Care LLC  
Address: 24700 Center Ridge Rd. #250  
City/State/Zip Code: Westlake, OH 44145  
Tel/Fax: 440-250-8653

Date: 9/30/16

Name: \_\_\_\_\_

Melissa  
Kennedy

*DUE UPON RECEIPT*

Total 109 x 14.1526

Signature: Melesse Henry

Thank You for Your Business

## Invoice

Certain Care LLC  
2193 South Green Road  
Cleveland, OH 44121

Fax # 216-382-5118  
E Mail Brian@flfinancial.com

	Beginning	Ending
Week	Sunday	Saturday
Name	6-18-17	6-24-17
	Melissa Kennedy	

Total 76.5 x 16 = \$1224